

Louisiana Housing Authority Permanent Supportive Housing-Project Based Voucher Program

Tenant Name:		
Client #:		
	UISIANA HOUSING AUTHORITY TO OBTAIL	N CRIMINAL
my/our criminal background, including but not I	ana Housing Authority to obtain any and all record imited to National Crime Information Center record cords of another State in which I have lived, and the Louisiana Sexual Predator Act program.	ds, Louisiana
This consent and authorization shall terminate Program provided by the Louisiana Housing Au	upon termination of my/our tenancy under the Prouthority.	ject Based Vouche
	t agency to release to my/our criminal background ny criminal offense under laws of any State in the o	
benefits under the LHA Project Based Program information if it is used as a basis to deny, redu	sed by LHA to verify my initial or continued eligibilit n. I understand that I will be given an opportunity to uce, or terminate housing assistance. All adult fami m adult is defined as a person who is 18 years of a er any Federal, State or tribal law.	contest this by members age 18
Failure to sign this consent form may result in t	the denial or termination of housing assistance.	
Print name of Head of Household	Signature of Head of Household	-
Print name of Spouse or Co-head	Signature of Spouse or Co-head	. ''
Print Name of other family member 18 years of age and older	Signature of otherfamily member 18 years of age and older	
Print Name of other family member 18 years of age and older	Signature of other family member 18 years of age and older	- ''
Print Name of other family member 18 years of age and older	Signature of other family member 18 years of age and older	
and a circle carry monder, to your a ago and state.		/ /
Print Name of other family member 18 years of age and older	Signature of other family member 18 years of age and older	